

## CHILD ABUSE AND NEGLECT HOTLINE

The Child Abuse and Neglect (CA/N) Hotline was created in 1975 and operates under the authority of RSMo 210. Among other things, that statute specifically charges the Children's Division (CD) with the responsibility of operating a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect. Since August 15, 1975, the CA/N Hotline has been accepting calls 24 hours a day, 7 days a week. In 2004 over 109,000 calls were accepted. The hotline is staffed by children services workers who interview reporters, classify and prioritize calls to assure child safety, and then refer these concerns of abuse and neglect to the Children's Division field office where the child is located.

In addition to CA/N reports specified in statute that require investigation or assessment (53% of all calls received), the hotline also accepts other non child abuse/neglect calls for field referral in an effort by the Division to reach and assist families in need or in crisis. Currently, these non CA/N referrals constitute about 30% of total calls received at the hotline. The final 17% of calls received at the hotline are not referred to CD field staff because they do not meet either report or referral criteria, but these calls are documented and maintained in a database.

Hotline staff classify calls as **CA/N reports** when they meet the following statutory requirements for investigation or assessment:

- Allegation of abuse (excludes spanking in reasonable manner) or neglect to a child victim;
- The child victim must be under age 18 at the time of the call;
- The abuse/neglect must have been inflicted or caused by a person exercising care, custody, and control (parent, adult relative, teacher, day care provider, etc.) over the child; and
- Sufficient identifying information (names, addresses, etc.) to locate the family and to begin an investigation or assessment.

Hotline staff classify calls as **non CA/N referrals** in the following categories developed by the Division in the interest of providing services to families and/or linking families to other community resources:

- **Mandated Reporter Referrals**—These referrals are calls from Missouri mandated reporters (mandated reporter occupations are identified in Chapter 210.115 RSMo), acting in their professional capacity, when the allegations do not meet the requirements for a CA/N report and when the concern involves a family situation (including foster/adoptive homes).
- **Preventive Service Referrals**—These referrals are situations where no actual abuse or neglect has occurred, but where the action or behavior of the child, caretaker, or another household member demonstrates the need

for intervention and possible service delivery in order to prevent CA/N from occurring. These referrals include situations where the family is requesting services.

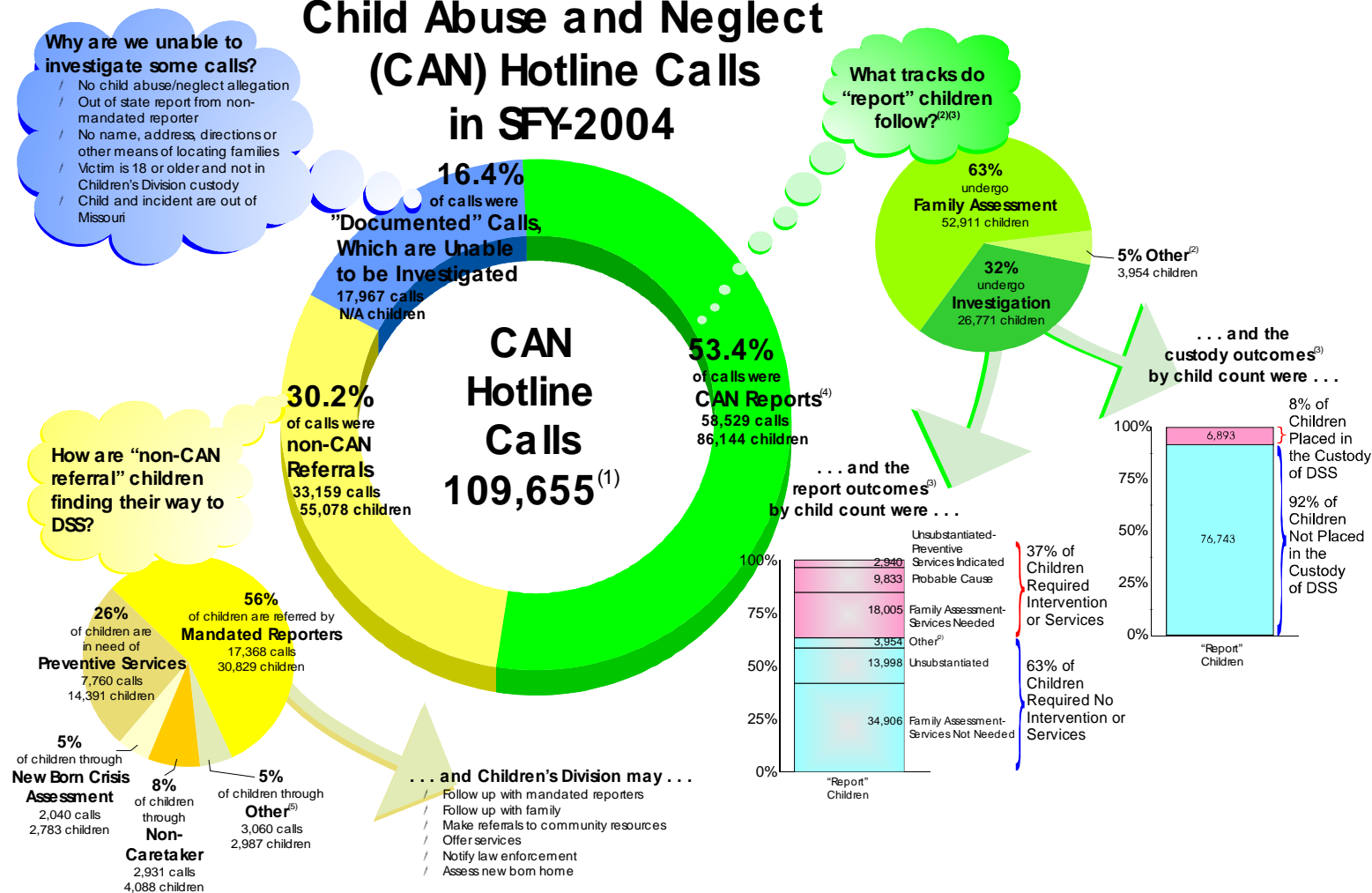
- **Newborn Crisis Assessments**—These referrals are situations in which a newborn, up to the age of one year, is being referred by a medical professional. There are two types: Drug-involved Newborn Assessments where there are signs and symptoms of drug/alcohol involvement in the newborn at birth, or a positive drug screen performed on either the mother or newborn at birth. Non Drug-involved Newborn Assessments where the allegations of concern are for the well-being of a child under one year old immediately after being seen by a medical professional and when the concern does not rise to the level of a CA/N report.
- **Non-Caretaker Referrals**—These referrals are situations in which a child has been physically or sexually abused by a non-caretaker juvenile or adult. The CD usually refers these to law enforcement or the juvenile office, but may also provide services.
- **Non-CA/N Fatality Referrals**—These referrals are calls reporting child fatalities but no child abuse or neglect is alleged.
- **Administrative Referrals**—These referrals are after-hours requests to speak with a Children's Division on-call worker regarding case management issues of children in CD custody, an in-progress investigation, etc., that cannot wait until regular working hours.

Finally, the calls that do not meet either the statutory requirements for a CA/N Report or the Division's requirements for a Referral are classified as Documented calls. The following are some examples of **Documented calls**:

- the child is 18 or older and not in Children's Division custody;
- the child/family cannot be located because of insufficient information;
- all subjects given in the call reside and are located out of state and the reporter is not a Missouri mandated reporter; or
- there is no child abuse/neglect allegation.

[View a graphical summary of Child Abuse Neglect Hotline Calls in State Fiscal Year 2004.](#)

# Child Abuse and Neglect (CAN) Hotline Calls in SFY-2004



- (1) Reports are prepared by the Child Abuse and Neglect Hotline Unit. Number of children comes from the Children's Division Annual Report.
- (2) Includes unable to locate, inappropriate report, located out of state, home schooling.
- (3) Of the 86,144 children with a CAN report, 83,636 had investigation/assessment completed by end of SFY-2004.
- (4) Includes calls from mandated reporter if the situation rises to the level of child abuse and neglect.
- (5) "Other" includes 2,050 administrative call-outs and 1,010 non-CAN fatalities which are not otherwise classified as non-CAN referrals - not all administrative call-outs are specific to a particular child.

DSS/March 2, 2005

## **Protocol**

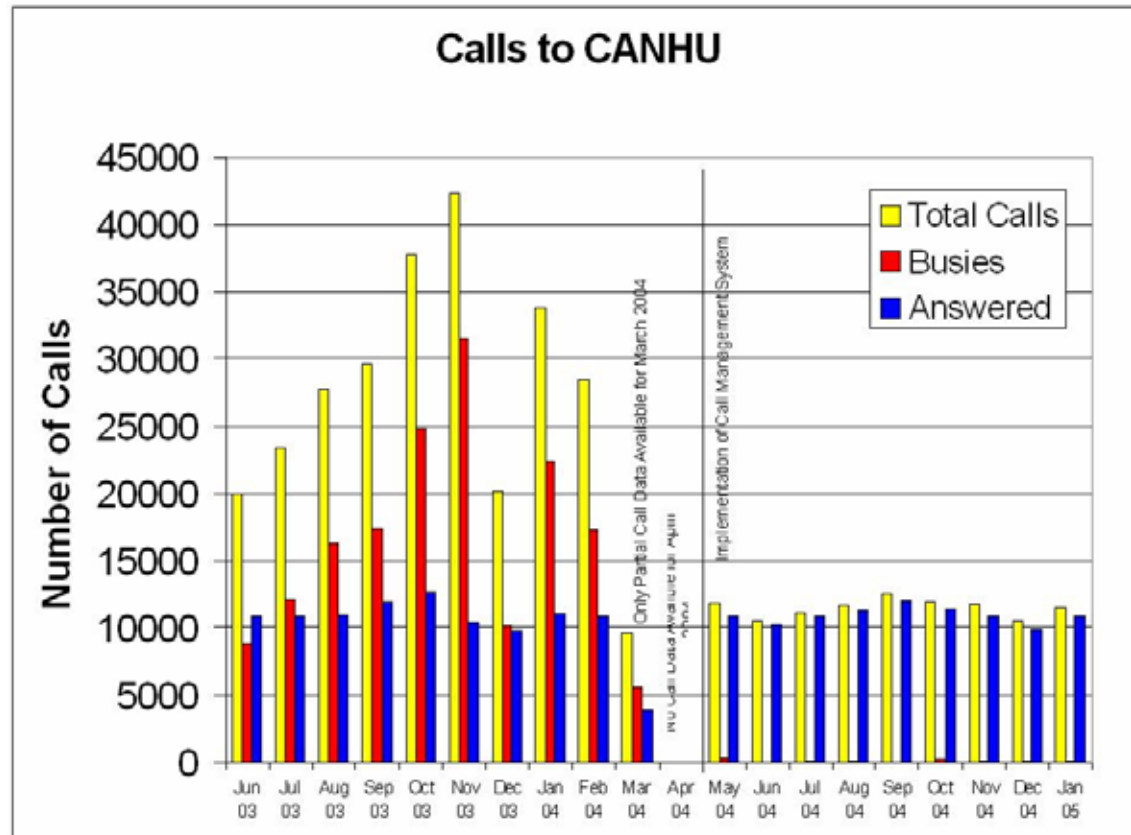
In December 2003, a new Protocol intake screening tool was implemented to assist hotline staff in achieving greater consistency in the acceptance, prioritization, and classification of calls. The Protocol tool is based on structured-decision-making principles and uses decision trees for making key decisions to assess child safety and establish response times for the child to be seen. The Protocols utilize a standard interview beginning with Entry Questions, followed by a set of Key Questions for 30 maltreatment concerns (called Pathways), and ending with a Closing Procedure that is specific to the classification of the call. This new tool further assists hotline staff in directing the interview with the reporter so that pertinent information about a child is not missed and is gathered in a timely manner. The Protocol screening tool was developed to assure a thorough and professional assessment of all of the reporter's child abuse or neglect concerns. The Protocol is now in the process of being automated to further increase efficiency.

## **Call Management System**

A new Call Management System was introduced at the Hotline during 2004. The Call Management System (CMS) was implemented in response to excessive busy signals given at the hotline during unpredictable periods of high incoming call volume. The previous hotline telephone system did not make use of queuing (placing callers on hold), nor did it provide any real-time call data. Call data reports were not available to supervisors until the following month. The CMS was selected for optimum call management and was implemented in stages during March through June of 2004. The first stage involved the installation of new telephones and the creation of an ACD (Automatic Call Distribution) group, both of which were required to support the new call data system that was installed during the second stage in June. The first stage allowed for queuing of calls when all hotline staff were busy taking calls, with emergency calls placed at the front of the queue. The new ACD group set-up also provided some basic real-time data on hotline staff's desktops that improved call management (workers could view the number of staff signed on, logon status, priority level of calls, number of callers in queue, and the number of seconds the longest call was holding in queue). CMS implementation was completed in June with the installation of the CMS server, providing additional real-time data for supervisors along with updated reports every thirty minutes. The CMS allows supervisors to directly manage calls by changing queue settings and sending alert signals to workers (for example, to postpone all breaks because of the number of calls waiting to be answered). Supervisors can create specialized management reports that are available at 30-minute intervals for future planning. CANHU workers are provided with on screen status displays and alerts via their desktop computer.

The implementation of the CMS has brought remarkable improvement in responsiveness. Previously, the hotline answered on average less than 50 % of calls offered and gave several thousand busy signals each month. During the first stage of CMS implementation in May, the calls answered increased to 90%. By June, the month of full implementation, the hotline answered 96% of calls offered and gave only 157 busy signals compared to 8,838 busy signals in June 2003. By July, the hotline answered 97% of calls offered and gave only 33 busy signals compared to 12,196 in July 2003.

[View a graph comparing activity pertaining to the number of hotline calls before and after implementation of the Call](#)



[Management System.](#)